EXHIBIT V

Estate of James Mansberger

VCF Documentation



May 30, 2019

CAROLYN MANSBERGER 389 WOODBRIDGE LANE JERICHO NY 11753

Dear CAROLYN MANSBERGER:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of JAMES MANSBERGER. Your claim number is VCF0109932. Your Eligibility Form was determined to be substantially complete on May 29, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

The Decision on your Claim

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS
- MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS
- REFRACTORY ANEMIA WITH EXCESS BLASTS UNSPECIFIED

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

What Happens Next

If the decedent was certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe the decedent had eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need



to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: WENDELL TONG



July 14, 2020

CAROLYN MANSBERGER 389 WOODBRIDGE LANE JERICHO NY 11753

Re: CLAIM NUMBER: VCF0109932

Dear CAROLYN MANSBERGER:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on January 02, 2020 notifying you of the amount of your award.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as \$411,221.42. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

You have already received a payment of \$398,598.77. You are now entitled to an additional payment of **\$12,622.65**. This amount is equal to the difference between your revised total award and the amount that has already been paid on your claim.

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization



document you submitted to the VCF.

Appealing the Award: You may request a hearing before the Special Master or her
designee if you believe the amount of your award was erroneously calculated, or if you
believe you can demonstrate extraordinary circumstances indicating that the
calculation does not adequately address your loss. If you choose to appeal, your
payment will not be processed until your hearing has been held and a decision
has been rendered on your appeal.

To appeal the award, you must complete two steps by the required deadlines:

- Complete and return the enclosed Compensation Appeal Request Form
 within 30 days from the date of this letter. Follow the instructions on the
 form and upload it to your claim or mail it to the VCF by the required
 deadline. If you do not submit your completed Compensation Appeal
 Request Form within 30 days of the date of this letter, you will have waived
 your right to an appeal and the VCF will begin processing any payment due
 on your claim.
- 2. Complete and submit your Compensation Appeal Package (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than 60 days from the date of this letter. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

• Notifying the VCF of new Collateral Source Payments: You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0109932**. For the hearing impaired, please call 1-



855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: WENDELL TONG



Award Detail

Claim Number: VCF0109932

Decedent Name: JAMES MANSBERGER

PERSONAL INJURY CLAIM (Losses up to Date of Death)		
Lost Earnings and Benefits		
Loss of Earnings including Benefits and Pension	\$0.00	
Mitigating or Residual Earnings	\$0.00	
Total Lost Earnings and Benefits	\$0.00	
Offsets Applicable to Lost Earnings and Benefits		
Disability Pension	\$0.00	
Social Security Disability Benefits	\$0.00	
Workers Compensation Disability Benefits	\$0.00	
Disability Insurance	\$0.00	
Other Offsets related to Earnings	\$0.00	
Total Offsets Applicable to Lost Earnings	\$0.00	
Total Lost Earnings and Benefits Awarded	\$0.00	
Other Economic Losses		
Medical Expense Loss	\$0.00	
Replacement Services	\$0.00	
Total Other Economic Losses	\$0.00	
Total Economic Loss	\$0.00	
Total Non-Economic Loss	\$300,000.00	
Subtotal Award for Personal Injury Claim	\$300,000.00	



DECEASED CLAIM (Losses from Date of Death)		
Loss of Earnings including Benefits and Pension		
Loss of Earthings including benefits and refision		
Offsets Applicable to Lost Earnings and Benefits		
Survivor Pension		
SSA Survivor Benefits		
Worker's Compensation Death Benefits		
Other Offsets related to Earnings		
Total Offsets Applicable to Loss of Earnings and Benefits	\$0.00	
Total Lost Earnings and Benefits Awarded	\$0.00	
Total Lost Lamings and Benefits Awarded	ψ0.00	
Other Economic Losses		
Replacement Services	\$113,925.00	
Burial Costs	\$12,622.65	
Total Other Economic Losses	\$126,547.65	
Total Economic Loss	\$126,547.65	
Non-Economic Loss		
Non-Economic Loss - Decedent	\$250,000.00	
Non-Economic Loss - Spouse/Dependent(s)	\$100,000.00	
Total Non-Economic Loss	\$350,000.00	
Additional Offsets		
Social Security Death Benefits	(\$255.00)	
Life Insurance	(\$25,071.23)	
Other Offsets	\$0.00	
Total Additional Offsets	(\$25,326.23)	
Subtotal Award for Deceased Claim	\$451,221.42	



Subtotal of Personal Injury and Deceased Claims	\$751,221.42			
PSOB Offset	\$0.00			
Prior Lawsuit Settlement Offset	\$0.00			
Award Paid on Prior Personal Injury Claim	(\$340,000.00)			
TOTAL AWARD	\$411,221.42			
Factors Underlying Economic Loss Calculation				
Annual Earnings Basis (without benefits)				
Percentage of Disability attributed to Eligible Conditions -				
applicable to Personal Injury losses				
Start Date of Loss of Earnings Due to Disability - applicable				
to Personal Injury losses				

Eligible Conditions Considered in Award
Acute Myeloblastic Leukemia Not Achieved Remiss
Malignant Neoplasm Lt Kidney Except Renal Pelvis
Refractory Anemia With Excess Blasts Unspecified

Solatium Claimants' Affidavits

Brian Scott Mansberger

SOUTHERN DISTRICT OF	NEW	YORK	
In Re:			
TERRORIST ATTACKS O SEPTEMBER 11, 2001	N		03-MDL-1570 (GBD)(SN)
JILL ACCARDI, et al.,		X	AFFIDAVIT OF BRIAN SCOTT MANSBERGER
		Plaintiffs,	21-CV-06247 (GBD)(SN)
V.			
ISLAMIC REPUBLIC OF I	RAN,		
		Defendant.	
STATE OF NEW YORK)		
COUNTY OF NASSAU	: SS)		

BRIAN SCOTT MANSBERGER, being duly sworn, deposes and says:

- I am a plaintiff in the within action, am over 18 years of age, and reside at
 43 Coronet Crescent Drive, Bethpage, NY 11714.
 - 2. I am currently 40 years old, having been born on May 1, 1983.
- 3. I am the son of Decedent, James Mansberger, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.
- 4. My father passed away from leukemia on August 1, 2018, at the age of 73. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

- 5. The decedent James Mansberger was my father. He was a union electrician. He was well known in Jericho. I played sports in High School and college, and he never missed a game. He was my biggest cheerleader. He taught me how to do minor repairs in my house and car. Thanks to my dad I can now do many things independently. But I miss having him help me. I especially miss my dad at Christmas time as it was also his birthday. We used to have celebrations at our house but when he became ill, we could not. Now every Christmas and holiday is not the same. He was the leader of our entire family. So those days are now sad for me. I know he will not be here when I get married and that hurts me extremely. Seeing my mom sad so much is also very hard.
- 6. On September 11th my dad, a volunteer Jericho Fireman, and several other firemen went to the site to help. They were there for days, and I remember him coming home smelling awful and with tears in his eyes. He couldn't even talk about the scene at that time.
- 7. He went for a routine blood test and his platelets were very low. After many tests he was diagnosed with MDS and had to undergo chemo, blood transfusions and bone marrow tests. He tried a clinical trial but did not help. He was in and out of the hospital at Sloan Kettering. He was quarantined because he developed C-diff. He was extremely weak and had to use a walker and spent a lot of time in bed. He was then diagnosed with AML.
- 8. My dad was always a strong man. I knew every doctor, blood appointment he had and looked on the computer to try to find more information. To see a man who went to fires, played the bagpipes in a band and help others and now couldn't get out of bed destroyed me. Things will never be the same and I still visit his grave and mourn him. I also miss his advice about career

choices for me. He was a wonderful dad and person. This should not have happened.

BRIAN SCOTT MANSBERGER

Sworn before me this

day of Spt, 20

Notary public

MICHELE KUBLBOCK
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01KU6362811
Qualified in Nassau County

My Commission Expires_